

**APPLICATION FOR CERTIFIED
COPY OR PHOTOCOPY OF MILITARY RECORD**

Type of copy (check one) Certified Photocopy

NAME OF VETERAN _____

Birth date of Veteran _____

Relationship of the Person/Agency receiving this copy to the person named on the record:

Self

Immediate Family—relationship _____

Authorized Agent or Representative: (check one)

POA

Funeral Director

Attorney

Other: _____

75 year old record

ordered by court

required by federal or state government or political subdivision
(VA director, etc.)

Reason for needing this copy:

Applicant's signature _____ Date _____

Name and address of person receiving this copy(REQUIRED)

Name _____

Street _____

City, State, Zip _____